

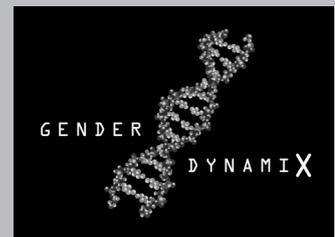


we fight more  
than we sleep 



# **SHELTER ACCESS**

**by Transgender  
Individuals in Cape  
Town, South Africa**



A REPORT

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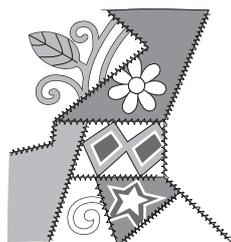
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Gender Dynamix is the first African based organisation solely focusing on the transgender community.

The aim of our organisation is advocate for the rights of transgender people and to provide help, advice and information for those who seek to adjust their lives to live in the opposite gender role, as to that assigned to them at birth, or who are working to come to terms with their situation despite their genetic background.

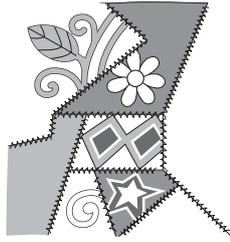
Gender Dynamix provides resources, information and support to transgender people, their partners, families, employers and the public.



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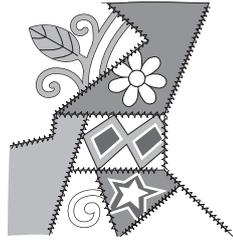
# Acknowledgements and Limitations

**We want to express our sincerest gratitude to all those who participated in this research study, including shelter managers, healthcare professionals, activists, governmental employees and most importantly members of the transgender community. We would also like to thank all those who helped edit and review the final report.**

Some of the limitations of this report include the fact that the author does not identify as transgender and thus does not have the lived experience nor a personal perspective to contribute to this report. Furthermore, the ability to carry out this research and write the report comes from a place of unearned privilege - privilege from the oppression of others. While we recognise that racism, as well as histories of colonialism and apartheid have significant impacts on transgender people, as recorded by the interviews taken, due to the limited scope of the project, we were unable to fully explore that aspect. This is grounds for further research to be done in analysis of experiences of black and other historically disadvantaged groups within the transgender population.

Another limitation is that the author is not from South Africa and thus has a limited understanding and experience of the social, political and cultural climates of the country (both historically as well as currently) to aid in writing of the report. Finally, our data was collected from shelter managers and other professionals and transgender individuals who have agreed to meet with the principal investigator, thus the findings may be positively biased as not all shelters in Cape Town, nor the viewpoints of all stakeholders were included in the report.

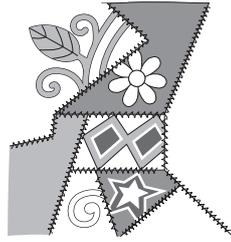




# Executive Summary

**The motivation behind this project was that according to globally conducted research transgender individuals are the most marginalised when it comes to homelessness. Previous studies suggest that not only are transgender people disproportionately represented in the homeless population but also that access to shelters by transgender people is inhibited due to several various barriers.**

This research study attempted to analyse the barriers transgender people face when accessing shelters as well as explore their experiences within the shelter system. A focus group was conducted to seek out the lived realities of transgender people and generated both statistical and qualitative data. One-on-one interviews with shelter managers, health care and social service professionals were also conducted to get a more holistic picture of the situation. The research focused on Cape Town, for various reasons. One of which was the fact that many transgender people seek out Cape Town in order due to access services, peer support, better social attitudes and greater anonymity. Another reason was the fact there has been a previous research study done which analysed shelter access by members of the LGBTI community. This report aimed to build upon the knowledge gathered within that study and illuminate the experiences of transgender individuals, given the fact that they face many more challenges to access as well as greater instances of discrimination, harassment and violence than do their LGBTI peers. This report conducted a literature review of previous research, a document analysis of international human rights instruments and governmental reports/legislature as well as shelter policies. Data extrapolated from the aforementioned documents was combined with focus group and interview findings to offer recommendations for future legislature writing, policy making and shelter management.



# Definitions

**Bisexual** describes when people are emotionally, physically and sexually attracted to people of both sexes.

**Cisgender** (also known as non transgender) is someone whose identity aligns with the gender assigned to them at birth and whose gender matches their sex at birth.

**Cisnormativity** refers to the assumption that is made by most of society that any given person is cisgender (rather than transgender or gender-queer).

**Gender expression** describes aspects of a person's physical appearance, personality and behaviour which are defined culturally or socially to be either male or female. In other words, every society has its own assumptions about how biological women and men should feel, dress, act and work.

**Gender identity** is one's basic sense of being male or female or another gender. It usually, but not always, matches the sex based assigned at birth.

**Heterosexual** describes when people are emotionally, physically and sexually attracted to people of the opposite sex.

**Homosexual** describes when people are emotionally, physically and sexually attracted to people of the same sex.

**Sex** is commonly understood as the classification of a person as male or female at birth. This is based on bodily characteristics such as chromosomes, hormones, internal reproductive organs, and genitalia.

**Sexual orientation** describes who you are intimately attracted to. Western society tends to think of sexual orientation as expressing itself in three forms: homosexual (gay or lesbian), hetero-

sexual (sometimes referred to as 'straight') or bisexual (having both homosexual and heterosexual feelings). People also identify as queer (refusing to fit into any category) and asexual (not being sexually attracted to people).

Sexual orientation is not the same as gender identity. For example, a trans-woman can be attracted to woman (and identify as a lesbian), to men (and identify as straight), or to both sexes (and identify as bisexual).

**Transgender and gender nonconforming** people are those who:

- (a) Have a gender identity that is different from the sex they were assigned at birth
- (b) Express gender in ways that contradict what society expects from a man or from a woman.

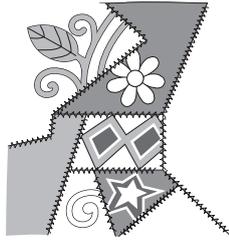
These umbrella terms include cross-dressers, drag kings/queens, transsexuals, people who are androgynous, as well as people who do not identify with any labels (genderqueer people).

**Transmen** are assigned 'female' at birth, but identify as male. Another term used to describe them is 'Female-to-Male', or FtM.

**Transphobia** is an irrational fear of, and/or hostility towards, people who are transgender or who otherwise transgress traditional gender norms.

**Transsexual** is a medical term mostly used to describe people who (may) seek medical and surgical treatment to align their body with their sex and gender identity.

**Transwomen** are assigned 'male' at birth, but identify as female. Another term used to describe them is 'Male-to-Female', or MtF.



# Background and Situational Analysis

**While homelessness affects many different people across the globe, some of the most marginalised of homeless people are transgender individuals (HCH Clinicians' Network, 2002).**

Mottet and Ohle (2003) state that transgender individuals are disproportionately represented within the homeless population. Transgender individuals face various difficulties in life that increase their prospects of homelessness, these include (but are not limited to): loss of family, whether by being kicked out of the family home or choosing to leave because of abuse, unemployment due to discrimination, and denial of housing due to discrimination on the basis of their identity (Mottet & Ohle, 2003 and The FTM Safer Shelter Project Research Team, 2008). When transgender individuals find themselves homeless, they may face further discrimination and abuse on the streets and in the social service systems (including shelters and housing programs) due to their gender identity and/or expression (Yu, 2010). One research study revealed that transgender men who found themselves homeless avoided the social service system (i.e. shelters) and chose to sleep on the street and/or 'couch surf' for fear of humiliation, abuse and/or violence in those shelters (The FTM Safer Shelter Project Research Team, 2008). Despite the fact that some social services exist to serve sexual or gender minorities, they serve merely a fraction of the actual demand and thus leaves many transgender people to live in very dangerous environments (Yu, 2010).

Statistics regarding transgender people and homelessness are alarming and indicate an urgent need for changes to the social services system in order to better serve this vulnerable population and above all else, ensure safety. Yu (2010) writes that while the LGBTQ population comprises approximately 3-5% of overall population, 35% of homeless youth identified as LGBTQ and that transgender individuals were estimated to be 11% of the homeless LGBTQ population (US data). Mokonogho,

Mittal and Quitangon (2010) support this by stating that one in five transgender individuals are considered to be at risk of homelessness. Another research study on transgender people revealed that 19% of the respondents reported experiencing homeless due to their gender identity/expression, while 2% of all respondents reported being currently homeless; 55% of the individuals who attempted to access shelter services reported being victims of harassment by staff/residents while 29% were simply turned away, and 22% report being victims of sexual assault (US data) (Grant, Mottet, Tanis, Harrison, Herman & Keisling, 2011). Another study focusing on transgender men and shelter access reports that out of a sample of 18 homeless transgender males, 67% report first experiencing being homeless as a youth, 67% also reported being victims of abuse and/or violence, 61% stated that they did not access shelters due to safety concerns, and 39% chose to sleep outside to avoid abuse and/or violence in shelters (Canadian data) (The FTM Safer Shelter Project Research Team, 2008). Lastly, a study in the UK showed that 25.4% of their respondents had to leave their family home due to transphobic reactions and 4.2% were currently homeless (Mitchell & Howarth, 2009).

Despite these statistics, many authors concede that little data exists on transgender people and access to shelters. Homelessness when it comes to transgender people has most often been studied in the context of the general LGBTQ population and data has had to be extrapolated from those studies (HCH Clinicians' Network, 2002 and Mokonogho, Mittal & Quitangon, 2010). Mitchell & Howarth (2009) concede that no specific research on transgender people and shelters/housing had been used for their review, suggesting it is generally an under-researched area. Pyne (2011) supported these viewpoints in stating that most of social work literature is still focused on LGBTQ community as a whole and urged researchers to bring transgender experiences into better view through both educational programs for service providers and

research alike, in order to diminish the current erasure of transgender people in these areas.

Pyne (2011) writes that shelters are almost exclusively gender specific (men's and women's shelters), or are organised in segregated spaces for men and women in co-ed shelters. Transgender people are thus either denied shelter altogether or are forced into facilities based on their anatomical or birth sexual characteristics. Due to this they remain targets of harassment and/or physical abuse by other residents (Yu, 2011, Pyne, 2011, The FTM Safer Shelter Project Research Team, 2008 and HCH Clinicians'

**Transgender people are either denied shelter altogether or are forced into facilities based on their anatomical or birth sexual characteristics**

Network, 2002). Men's shelters are not safe for transgender men and women alike, this leads to most transgender individuals to reach out to women's shelters; however, many women's shelters have exclusionary policies

that deny access – and if access is granted special rules are applied to transgender residents (Pyne, 2011 and Cope and Darke, 1999). While transgender women should ideally be allowed into women only shelters, transgender men face double the difficulty as they may be subjected to violence in men's shelters and are not allowed in women's shelters (either by policy or by choice) (The FTM Safer Shelter Project Research Team, 2008). Pyne (2011) argues that transgender individuals are erased (through institutional erasure) not only because of transphobia from social service agencies, but also because of unquestioned cisnormativity. Shelton (2013) shows a dialectic relationship between cisnormative ideology and transphobia, influenced by exclusionary policies, practices, and programs. Furthermore, cisnormative ideology is played out in shelter requirements such as employment and length of stay stipulations, age restrictions, dormitory style living arrangement and segregation based on sex (Shelton, 2013). This results in transgender individuals' inability to meet shelter requirements, safety concerns, 'shelter surfing' and thus continued instability in terms of place of residence.

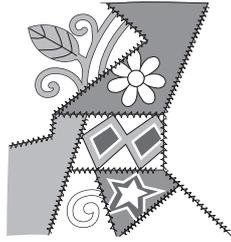
Bauer, Hammond, Travers, Kaay, Hohenadel, and Boyce (2009) explain that institutional erasure takes place through lack of policies that accommodate transgender people as well as the lack of knowledge that these policies are even needed. They show a direct

relationship between informational erasure (lack of research etc.) and institutional erasure, both of which are rooted in cisnormativity and serve to promote the underestimation of the size of transgender population which fosters the erroneous assumption that services do not need to be adapted to be trans-appropriate, and that transgender individuals must only be dealt with on a case by case basis (Bauer et al, 2009). Mottet and Ohle (2003) support the idea of rampant cisnormativity in shelter service provision by suggesting some shelters also exclude transgender individuals because they are not able to accommodate them or guarantee safety. Safety, along with bed assignment (whether male dorm or female dorm) and bathroom choice, are some of the biggest concerns faced by transgender people in the shelter system (Yu, 2010 and The FTM Safer Shelter Project Research Team, 2008). Bauer et al (2009) show that transgender identities are erased by the absence of transgender inclusive spaces, whereby they are forced to choose between accessing shelters according to their birth sex or forgoing service all together. Theron (2007) draws our attention to another often disregarded issue: the stress of living in a shelter is compounded by the fact that transgender people are forced to live in secret, invoking permanent fear of being revealed. This may have a severe emotional impact on the individual.

Transgender youth are of particular risk for homelessness because they are often excluded even by social services that support their GLB peers (HCH Clinicians' Network, 2002). Shelton (2013) shows that transgender and/or gender nonconforming youth are disproportionately represented in the LGBT homeless population, and face more significant economic and health disparities. Furthermore, youth often face greater difficulty in accessing

**Transgender youth are of particular risk**

shelters (Shelton, 2013). Cope and Darke (1999) support this by pointing out that youth shelters have not been known to be sympathetic to transgender youth and have actually been dangerous and hostile environments. Mottet and Ohle (2003) suggest that a transgender only (or transgender friendly) housing option would be able to provide transgender youth with an environment where they can begin to make sense of their gender identity and better understand how they can express it; however, they urge shelters to ensure that these youth are not further isolated and separated from others.



# Conceptual Framework

**Transgender individuals often experience being kicked out of their house and thus tend to gravitate toward larger cities, as small communities are often unwelcoming of transgender people and large cities may offer greater anonymity as well as greater peer support (HCH Clinicians' Network, 2002).**

Larger cities also offer more services such as Groote Schuur Hospital, Legal Resource Centre, Triangle Project and Gender DynamiX (in the case of Cape Town) which also explains an influx of transgender individuals (Ronald Addinall, personal interview, July 11th, 2013).

Currently, there has only been one research study done on shelter access by transgender people (framed in the LGBTQ spectrum) in Cape Town by Theron in 2007. Theron (2007) writes that making contact and interviewing representatives of shelters was extremely difficult, only three of the ten shelters who were approached were willing to talk and many stated they wanted nothing to do with LGBT people.

Theron's (2007) research states that most shelters in Cape Town resorted to contacting organisations serving LGBT people to place them in shelters/housing. However, these NGO's are neither geared to accommodate people who are at risk for homelessness, nor would they have the facilities should they choose to do so (Theron, 2007). Following non-discriminatory resolutions, such as the South African Constitution, shelter services and other housing options must be made available to individuals according to the gender that that person identifies as (Mottet & Ohle, 2003). Theron (2007) writes that the South African Constitution has an equality clause which includes a provision that all minority groups should be free of discrimination thus making current shelters more inclusive would be in line with the Constitution. According to Theron (2007) all activists agreed that ideally there would not exist a need for a separate

shelter as not to further marginalise transgender people, however, the research proved this may be a difficult task to achieve given the current socio-political climate of South Africa.

Dr. Du Randt (personal communication, June 11, 2013), a psychologist in Cape Town who works with transgender clients, shared that it would be very beneficial to establish a shelter for transgender people, citing one of her clients who stated they *"wish there was a place I could go where I could safely go through my process and experiment and just be me without the world judging me."* According to Dr. Du Randt, the judgemental, prejudiced and often violent culture creates particular challenges for transgender people, such as inability to travel for fear of violence (particularly throughout Africa) or having to be very careful with taking medications, and having to struggle through these issues with very limited support and safe place. She stated that despite the progressive nature of the South African Constitution, she would be hesitant about creating an inclusive space and would rather focus on the safety of transgender people rather than the idea that a separate shelter may further marginalise the population.

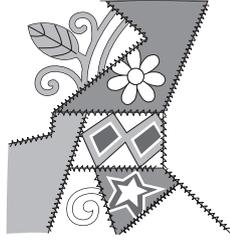
Ronald Addinall (personal interview, July 11th, 2013), a social worker in Cape Town, supported this by repeating the sentiment that in an ideal world shelters would be inclusive of transgender people, but at the moment safety is key. He did add that despite this notion, the battle for shelter inclusivity should not be abandoned and that the efforts must ensure the development of policies that challenge discrimination of transgender people in shelters and prevents shelters from housing people on the basis of their anatomical sex, rather than their gender identity. He added that many chose to sleep elsewhere due to prejudiced and discriminatory attitudes of shelter staff. A sex therapist from Cape Town provided a similar viewpoint in that we should strive for inclusivity in shelter provision (Anonymous, personal interview, June 25th, 2013). She states that shelter staff and

residents must be educated on transgender issues; adding that most importantly, any recommendations must come from transgender people themselves (i.e. what works for them) and that house rules must be made up with all the house residents so as not to provide 'special treatment' for transgender people but rather point out how gender policing actually does not benefit anyone. Shelters must examine how and why their resources are spent on policing gender and where they can be allocated to make the shelter experience better for all residents. A South African transgender activist had the following to add on the issues of shelter services and transgender service users in South Africa, poignantly summing up the findings mentioned above and insight into other issues:

The issue of race is a contentious issue given [South Africa's] historical racial divide. When one looks at these issues through a feminist lens, you can't help but to analyse these issues in a context of race, gender, and class. I can assure you most shelters display a prejudicial [attitude] towards people based on race and gender diversity. It's just very difficult to prove that. If I can make an example, a women's shelter accommodating a white middle class abused woman would not necessarily open its doors to a black trans woman who is homeless and they can cite a number of reasons for so doing. The intersections of race, class and poverty just become different layers in an already complex situation regarding one's gender and the expression thereof. The issue is complicated by a number of isms (racism, classism, sexism). The scapegoat where impoverished people are concerned is always the use of drugs, an individual's inability to adapt to the standard code of practice etc. (Anonymous, personal communication, June 25th, 2013)

The NPO director also added that transgender women are often involved with drugs and/or alcohol and sex work, and that women's shelters typically do not accept transwomen based on different barriers to access which must be

the fear of violence/rape despite lack of statistics supporting that point; thus there are many carefully explored from a feminist framework. Currently the reality is that social service agencies, various institutions (including educational and health alike) along with the state are failing in their obligation to serve transgender individuals and protect them from harassment, violence/abuse and denial of their human dignity and worth (Grant, Mottet, Tanis, Harrison, Herman & Keisling, 2011). Mottet and Ohle (2003) state that there are ways to ameliorate these problems, at least when it comes to housing/shelters, by making small changes in policy and procedures to ensure safety and privacy. Some of the recommendations from previous research included introducing specialised shelters while simultaneously starting anti-violence and educational campaigns for (particularly men's) shelters, mandatory training for staff, development of best practice guidelines as well as regular equity and access reviews (The FTM Safer Shelter Project Research Team, 2008). The authors indicate that past research which documented the barriers that transgender individuals face led directly to changes in the City of Toronto shelter standards in 2002 (The FTM Safer Shelter Project Research Team, 2008).



# Research objectives and methodology

The motivation for this study was rooted in the fact that there is a dearth of research on the experiences and needs of transgender individuals in regard to shelter access in South Africa.

Cape Town was of particular interest due to the significant number of transgender people residing in the city.

The aim of this study was to explore if shelter services in Cape Town are trans-sensitive and inclusive, to find out if transgender individuals' needs were met within the shelter system, to facilitate dialogue between all key stakeholders in order to identify solutions to the various challenges faced by transgender people, and most importantly, to increase the safety of transgender people within shelters. The participants were considered to be the most important part of the knowledge creation process. Our theoretical focus was on social justice and human rights, with consideration of the Constitution and the legal context. Furthermore, the aim was to approach the issue beyond hetero and cisnormativity. While we aimed to pay attention to the intersection of gender, class, and race and explore colonialism/neo-colonialism, an in-depth analysis was beyond the scope of this report.

## **Objectives:**

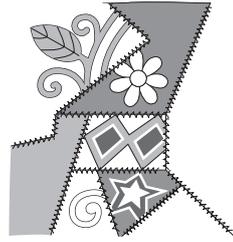
- Conduct a literature review to provide a broader context on the status of transgender people in the shelter system
- Review international human rights instruments, such as Yogyakarta principles, as they pertain to shelter access by transgender people
- Review governmental documents of South Africa as they pertain to shelter access
- Provide recommendations for shelters, to foster the inclusion of transgender people
- Create space for dialogue regarding shelter access by transgender people in Cape Town
- Initiate partnerships between NGOs and governmental entities
- Impact future research and draft legislation and policy making

## **Potential outcomes:**

- Create community dialogue through partnerships between the transgender community, NGOs, and the government
- Assist transgender advocacy services
- Train transgender facilitators to run support groups at shelters for transgender people as well as to train staff and sensitise other residents
- Create Cape Town and Western Cape shelter standards (with potential to roll out to other provinces)
- Create transgender specific policies at shelters to promote inclusivity and safety
- Create a transgender 'haven' (shelter)

It is vital to note that all of these outcomes fall in line with the South African Constitution and all the government documents (Department of Social Development) which were examined in this report. Thus final recommendations of the report would not be antagonistic to the government agenda per se, rather they would attempt to ensure that all the instructions expressed in those reports would be implemented.

Our methodology was conceptualised as a process of advocacy in and of itself, rather than just a way of extrapolating data. We utilised a qualitative method for this report: the data was collected through a focus group discussion and in person interviews. A case study was formulated through an analysis of internal documents of Gender Dynamix. Our methodology also includes documentary research (legislature, policies and related government documents). The criteria for participating in the focus group was that the person identifies as transgender, is over the age of nineteen and has had experiences with shelter services. The focus group consisted of eleven people. The inclusion criteria for our one-on-one interviews conducted with shelter managers and health and social services professionals was that the individual has had previous experience with transgender clients and/or shelter provision. Fourteen interviews were conducted: twelve in person, 1 over telephone and 1 through email.



# Document Analysis

## **The Yogyakarta Principles were selected as one of the guides for development of future policies and legislature.**

The Yogyakarta Principles are a set of principles dealing with international human rights law as it applies to people of diverse sexual orientations and gender identities (International Commission of Jurists, 2009). Compiled at a meeting in Yogyakarta, Indonesia, experts set forth the obligations that states are required to take to make sure LGBTI people can enjoy their rights on the same basis as everyone else in society; the Principles do not create any new rights; they are, rather, an articulation of rights already held (International Commission of Jurists, 2009). The Yogyakarta Principles are currently endorsed by and used as a guide in the Netherlands and Belgium (Agius, Köhler, Aujean and Ehrh, 2011). Further the Yogyakarta Principles were signed by Justice Edwin Cameron, Supreme Court of Appeal, South Africa. Thoreson (2009) writes that The Yogyakarta Principles are particularly important because they ask us to adopt deeper methods of theorising the convoluted relationships between all classes of society, local and global networks, and between different modes of intervention (grassroots, top-down and transnational).

One of the most pertinent principles is that of the right to equality and non-discrimination which states that individuals of diverse gender identities are entitled to realisation of their rights and the State must ensure that they are able to do so, through legislative and policy change (International Commission of Jurists, 2009). Further, this can be accomplished by challenges and changes to discriminatory laws, policies, procedures of all branches of the State. Looking at how people of diverse gender identities experience inequality in relation to other groups is paramount in ensuring which measure must be taken by the State to ensure full realisation of rights. The State must also consult with LGBTI groups and their representatives to account for

specific needs of the community. This is what this report aims to encourage.

The South African Constitution includes a very progressive and revered Bill of Rights. Aside from civil and political rights including equality, human dignity, freedom of security of person, privacy and freedom of expression, which are pertinent to transgender people; there are social and economic rights which include the right to housing. Section 7 (2) shows that the State must respect, protect, promote and fulfil the rights in the Bill of Rights. The state also has an obligation to immediately take steps to fulfil its obligation to realise these rights. The obligation to protect requires the state to prevent third parties from interfering with the enjoyment of rights and does not depend on whether the state has resources or not (South African Human Rights Commission, 2003).

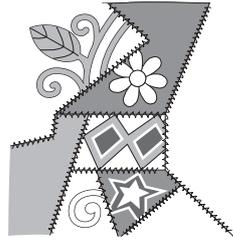
In 2009, the Department of Social Development (DSD) of South Africa stated that they commissioned a study to develop a legislative framework for shelters, with norms and standards to be drafted by the end of 2009/10, however this has not happened yet (Bhana, Lopes and Massawe, 2013). From personal communication with the DSD, it was revealed that this is currently being drafted. Currently, while no specific shelter framework exists, the Constitution of South Africa takes precedence.

TABLE 1: INTERNATIONAL HUMAN RIGHTS DOCUMENTS

DOCUMENT	TRANS-GENDER INCLUSIVE	HAS SOUTH AFRICA SIGNED ON?	RELEVANT POINTS
YOGYAKARTA PRINCIPLES 2006	Yes	Yes	<ul style="list-style-type: none"> <li>Yogyakarta Principle 2 (The Rights to Equality and Nondiscrimination) states that "everyone is entitled to enjoy all human rights without discrimination on the basis of [...] gender identity."</li> <li>Yogyakarta Principle 15 (The Right to Adequate Housing) states that "everyone has the right to adequate housing [...] without discrimination on the basis [...] gender identity." (International Commission of Jurists, 2009)</li> </ul>
UN REPORT 2011	Yes	Yes	UN High Commissioner recommends all member states to ensure anti-discrimination legislation includes gender identity among prohibited grounds for discrimination and that combating discrimination on the grounds of gender identity is included in all mandates of national institutions (United Nations, 2001)

TABLE 2: SOUTH AFRICAN GOVERNMENT DOCUMENTS

DOCUMENT	TRANSGENDER INCLUSIVE	RELEVANT POINTS
DSD STRATEGIC PLAN 2010-2015	No	<ul style="list-style-type: none"> <li>Values include 1) people first, 2) equity from discrimination and 7) upholding constitution</li> <li>Mission is to protect the poor and vulnerable</li> <li>Strategic goals and priorities include caring for vulnerable groups and transforming social relations with emphasis on gender (Western Cape Department of Social Development, 2012)</li> </ul>
DSD ANNUAL REPORT 2012	No	<ul style="list-style-type: none"> <li>Values include upholding the Constitution</li> <li>Outcome 3 (of 12) is 'all people in South Africa are and feel safe' (Western Cape Department of Social Development, 2012)</li> </ul>
WESTERN CAPE CITIZEN REPORT (2011/12)	No	<ul style="list-style-type: none"> <li>Mission is to ensure provision of a comprehensive network of social development series that enables and empowers the poor, vulnerable and those with special needs</li> <li>Values include care, accountability, competence, responsiveness and integrity</li> <li>Provincial strategic objectives include promoting social inclusion and reducing poverty</li> <li>Main functions include providing a welfare service to the poor and vulnerable in partnership with stakeholders and civil society (Western Cape Department of Social Development, 2012)</li> </ul>
WESTERN CAPE FUNDING POLICY 2011	No	<ul style="list-style-type: none"> <li>Guiding principles include 2) a. accessibility: access to social welfare services shall be available to all vulnerable groups and no individual or group shall deliberately denied access to such services (Western Cape Department of Social Development, 2001a)</li> </ul>
WESTERN CAPE ANNUAL PERFORMANCE PLAN 2013/14	No	<ul style="list-style-type: none"> <li>Strategic outcome oriented goal 3 is to create a caring society through developmental social welfare service</li> <li>Sub-programme 2.7 is victim empowerment with a focus on sustaining existing shelters and enhancing services for victims of crime (capacitate shelters to comply with applicable minimum norms and standards)</li> <li>Provincial strategic objective 5 is increasing safety and 8 is promotion of social inclusion and reduction of poverty</li> <li>National outcome 3 is 'all people in South Africa are and feel safe'</li> <li>National outcome 11 is 'creating a better South Africa and contributing to a better and safer Africa in a better world' (Western Cape Department of Social Development, 2013)</li> </ul>
MINIMUM STANDARDS ON SHELTERS FOR ABUSED WOMEN 2001	No	<ul style="list-style-type: none"> <li>Point 6.1.2 states that all persons involved in providing sheltering must attend training, which meets the minimum standards</li> <li>Point 6.1.3 states that the DSD will implement a developmental quality assurance to ensure effective service delivery (National Department of Social Development, 2001)</li> </ul>
CITY OF CAPE TOWN STREET PEOPLE POLICY 2013	No	<ul style="list-style-type: none"> <li>74.2 shelters has [sic] to comply with the norms and standards prescribed by the Provincial government</li> <li>6.5 the rights of the homeless and those at risk should be protected while ensuring they are subjected to the laws of the land</li> <li>6.6 all programmes should be accessible (City of Cape Town, 2012)</li> </ul>
CITY OF CAPE TOWN SOCIAL DEVELOPMENT STRATEGY	No	<ul style="list-style-type: none"> <li>To develop a strategic framework for inclusion of vulnerable groups across the City's departments, services, facilities and projects as part of both the City's and Constitutional imperative for substantive equality</li> <li>Based on the idea that NGOs have extensive experience/knowledge, programmes are best provided in collaboration with civil society</li> <li>Promote and foster social inclusion by facilitating public participation and ensuring marginalised voices are heard (lever 4) (City of Cape Town, 2012)</li> </ul>



# Major Findings

## CASE STUDY

**AD is a transgender child, who was born male but identifies and fully expresses her gender as female. She has had a tumultuous family life in which she has never known her father, and her mother left when AD was young (and later passed away in a car accident).**

**AD lived with a foster mother until her foster mother's death and was then moved around from home to home, staying with family friends and even staff of various social service agencies, along with living on the streets at some point. She finally ended up at a centre for homeless children in KwaZulu-Natal (KZN).**

At this point Gender Dynamix was alerted about her and became involved. She was at the centre for homeless children for approximately two months before unwillingly disclosing her identity as transgender when the other children forced her to undress in front of them. This was met with a violent and hostile response from peers (as well as some staff), leading to rejection and isolation.

Gender Dynamix travelled to the centre for homeless children to provide sensitisation training to the children at the centre. Although this calmed the situation AD was still isolated from the rest of the children, both physically (assigned separate sleeping quarters/bathrooms) and emotionally.

The centre was unable to provide for her emotional support and could not assure her safety because they had no facilities to support a transgender person. Rejection by others still continued despite training by Gender Dynamix and AD became a high risk for depression and malnutrition because she was not eating.

The National Association of Child and Youth Care Workers as well as Children's Rights Centre in Durban were contacted to potentially seek placement for her in KZN. Two homes were identified as potential placements. At this point, due to abuse and harassment faced at the centre for homeless children, AD ran away. One of the potential homes offered to help but ultimately could not because they were full. When AD went back on the streets, Gender Dynamix planned to get her to Durban and seek emergency placement there. Gender Dynamix contacted the Director of Childline and were advised to contact the Department of Social Development in Durban. This led to a social worker being assigned to AD.

In the best interest of the child, a foster home would be the placement sought in order to provide her with privacy and safety. However, it was advised that the process may take up to three months and there were no emergency foster lists and/or procedures. At this point the social worker suggested she return to Kokstad, citing jurisdiction issues. It was explained that that avenue proved to be ineffectual. The social worker then required documentation and a history of AD before proceeding with emergency placement. The social worker was not reachable for a while and all children's shelters were full, causing AD to stay at managers' and workers' houses. The social worker then advised that, because no documentation for AD was found, she would need to be examined by a surgeon to determine her age and only then would they seek emergency placement. This potentially traumatic and invasive procedure (especially for a gender-variant child) was deemed unethical.

It was at this point that AD was transported to Cape Town so more support could be offered from Gender Dynamix and the transgender support group community. This required permission from the court. While in Cape Town, Gender Dynamix provided support in terms of bus travel money; accommodation and meals at a centre for women and children who have been

victims of violence; assistance with enrolment at a diversion program at NICRO (legal agency in Cape Town); various support groups, computer access and more.

In summary, for over two months the centre for homeless children, Gender DynamiX, various other organisations and children’s rights activists had tried and were unable to find a place for AD. Social services remarked: “...there is no place for this child in this country.” Emergency procedures of Department of Social Development proved that they do not provide for gender variant youth and those at risk for homelessness, consequently all responsibility was handed over to NGOs without any provision of support. Child welfare and social services failed to provide for this child who was eventually sent back to Durban.

### FOCUS GROUP

A focus group with 11 transgender and gender nonconforming people was held for the purposes of this report. Statistical data was collected from all focus group participants. Participants were asked about the total time they have experienced homelessness, how many shelters in Cape Town they have tried to access, and how many shelters the participants have actually stayed at, and length of total stay in shelters.

TABLE 3: TOTAL TIME SPENT HOMELESS

TIME SPENT HOMELESS	NUMBER OF PEOPLE	PERCENTAGE (ROUNDED)
1 week	1	17%
1-3 years	2	33%
over 10 years	2	33%
over 20 years	1	17%

TABLE 4: NUMBER OF SHELTERS PARTICIPANTS TRIED TO ACCESS

NUMBER OF SHELTERS	NUMBER OF PEOPLE	PERCENTAGE (ROUNDED)
0	4	40%
1	2	20%
2	1	10%
3	1	10%
4	1	10%
5	1	10%

*Note: According to previous research and participant testimony, this has less to do with need and more to do with the fact that shelters are not transgender-friendly.*

TABLE 5: NUMBER OF SHELTERS PARTICIPANTS STAYED AT

NUMBER OF SHELTERS	NUMBER OF PEOPLE	PERCENTAGE (ROUNDED)
0	6	60%
1	1	10%
2	3	30%

*Note: According to previous research and participant testimony, this has less to do with need and more to do with the fact that shelters are not transgender-friendly.*

Focus group findings corroborated past research studies that were outlined in the literature review. Participants recounted how they were forced to leave their homes and towns due to various reasons some of which include unfavourable social attitudes, discrimination and violence; some participants left to come to the Cape Town, also known as the ‘Mother City’, to seek safety and better access to services but instead found that everything they tried to escape back home has been recreated in the spaces which are meant to protect and shelter them. The focus group revealed the following information, which we have arranged by themes of: transgender identity, safety and privacy, shelter policies and rules, discrimination and racism, as well as suggested future directions.

### Transgender Identity

The participants unanimously agreed that society lacks an understanding of transgender identity, which is exemplified in the fact that shelter services are not transgender inclusive or transgender friendly (whether consciously, or through lack of inclusionary policies/tactics). Participants suggested that it is hard to feel free in such environments, and similar to sexual orientation, people who identify as transgender often undergo periods of self-discovery; a process which is muted and dulled in an unwelcoming, if not hostile, environment. The participants also stated that because of the rigidity of the gender binary, particularly in South Africa, service providers constantly attempt to classify individuals as either male or female. This is exemplified when staff or residents belittle transgender individuals by asking them “Are you a boy or a girl?”. The psychological damage, aside from the physical violence, that transgender individuals are confronted with is severe. One participant poignantly summed it up: “We fight more than we sleep.”

## *Safety and Privacy*

Perhaps the most paramount concern in terms of shelter access by transgender people is the issue of safety and privacy. The transgender women of the focus group shared that when accessing shelters they were forced to sleep, shower and share toilets with men which was not only psychologically traumatising but physically as well. Some recounted instances of physical and sexual abuse, others spoke of instances of rape. One participant described an experience of violence, attributing it to the fact that transgender individuals are not accepted due to cultural and/or religious beliefs which results in not only discrimination but actual physical harm (and sometimes death) to transgender people. The participants also revealed that due to their transgender identity they were forced to change in different locations to maintain privacy for fear of people finding out. Many echoed the fact that safety in the showers was a large concern. All participants agreed that while the word 'shelter' is equated with a safe space, in reality it is often the opposite.

## *Shelter Policies and Rules*

The participants brought up their concerns with shelter rules and policies: in addition to the safety concerns mentioned above which stem from policies (or lack thereof) which place transgender clients in dorms and spaces according to anatomical rather than identified gender, they also force individuals to dress according to their birth sex rather than the gender the person identifies with. These are examples of the strict and arbitrary rules enforced upon people. Other participants noted the fact that drug and/or alcohol use is prohibited and may be grounds for eviction. Not only is it taking away the autonomy of responsible drinkers/users but it further stigmatizes and marginalises those who may be abusing substances - the individuals that may need shelter and social services the most. Other rules that transgender individuals named as problematic are regarding curfews. Many of the participants identify as sex workers and thus had a schedule which included nighttime hours. Curfew times and forced lockouts presented them with little choice: they either made money to survive and had to find alternative places to sleep, or stayed at the shelter and went without working. Shelters however, have a requirement for people to pursue employment. Legalities of sex work aside, many participants were forced to choose between having to work or having

a place to live. Again, this further stigmatized and marginalised those that would benefit from shelter services the most. Aside from safety and privacy concerns (which were deemed most important) many participants agreed that these rules and paternalistic attitudes of shelter staff were what prevented them from staying in shelters for long.

## *Discrimination and Racism*

Most of the focus group participants recounted experiences of constant discrimination and criticism that they faced when accessing shelters in Cape Town. This was exemplified by oppressive language used towards them by staff and residents, such as being told "We cannot accept HIM" when speaking about a transgender woman. They also spoke about ongoing sexual and emotional harassment, which management often did not address. Instead they sent people to social workers away from the shelter, where one had to wait for hours to be seen and if one managed to be seen, they were often met with rudeness and lack of sensitivity from social workers. This led to individuals choosing not to report further problems. One participant recounted how she was told to go back where she came from and was refused shelter even though another person who arrived after her was admitted. Another issue discussed by the participants is that despite the fact that incidents often began with verbal and/or physical attacks on transgender people, it was transgender people themselves who were vilified and labelled as the 'troublemaker' by shelter staff; the perpetrator was rarely reprimanded and transgender people were forced to comply or otherwise risk losing shelter.

Furthermore, racism within shelters was brought up by several participants, citing the fact that some shelters have predominantly white residents and people of colour are treated differently, for example through paternalistic and demeaning questions such as "Did you shower today?" or "Have you found a job yet?" which their white counterparts were not subjected to in front of everyone else. This harassment also involved treating them as a "Cinderella" as one participant stated, whereby she was forced to do majority of the household chores. This is particularly troubling as transgender people of colour are the ones that bear the brunt of discrimination in our society and are the most at risk for both homelessness and violence. Many of the participants agreed that they

chose to stay on the streets or other transitory locations because of the rampant discrimination within the shelter system.

### *Future Directions*

Perhaps the most widely talked about topic was what changes needed to be made to ensure shelters are not only trans-friendly but are also empowering and purposeful. Key points are as follows:

- The most common point made was that society at large along with shelter providers and residents must be educated on transgenderism.
- As well as to create a new standard within shelters that is accepting and intolerant of discrimination.
- Many suggested sensitivity training for shelter staff, particularly intake workers.
- Others stated that visibility of transgender individuals must be increased, through media, rallies, political changes, and better and bigger spaces for expression among others.
- Some participants suggested that information about shelters must be more readily available, i.e. when one is seeking shelter, government officials including police personnel, must not only be sensitive to issues transgender people may face but also provide accurate up to date information regarding availability of services (shelter locations, inclusion criteria, trans-inclusivity etc).
- Further, it was suggested that both visibility and support provided would increase should shelters be run and/or staffed by transgender people or people with transgender experiences.
- Many also shared that support groups for transgender people at shelters would be extremely beneficial.
- Other suggestions that were brought up included ensuring work and chores within shelters are assigned based on skillset and interest, while ensuring some form of professional development as well, thus increasing clients' self respect, self esteem and self empowerment.
- Furthermore it was suggested that due to lack of employment opportunities, timeframes for staying in shelters (which are often approximately three months) are unrealistic and create a revolving door in terms of shelter usability.
- Participants also talked about the fact that each shelter has a different set of rules and standards, and that certain shelters are

positive in terms of transgender inclusion but are often found in more hostile areas, or locations which are not in proximity to realistic employment options and clientele who are accepting of transgender employees

- Location came up again when participants suggested that despite the above more shelters need to open up in rural settings to ensure transgender people are included and protected in areas outside of the city, should they desire to remain there.

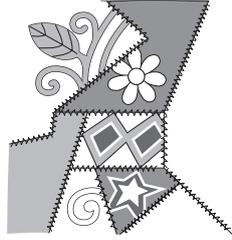
Finally, many participants shared that they needed to go to various NGOs for help when they were turned away from shelters, thus placing more pressure on organisations which are not able to house people and are thus often forced to spend limited resources on securing shelter for their constituents.

### *Shelter Interviews*

Out of initial 16 shelters approached, two declined to meet with us (one cited that they do not currently accept transgender people, and the other cited that they have never encountered transgender people seeking access to the shelter). One agreed to meet but did not reply to further communication, seven had not replied to initial request and a total of six were interviewed. Out of the six shelters that were interviewed, five have confirmed that they have had transgender clients before (this might be due to transgender people living not disclosing or expressing the gender they identify with for fear of repercussions, or any other reason, it is possible that the actual number of transgender people accessing the shelters has been greater). All shelters that currently have and/or previously had transgender clients expressed that no incidents or issues have arisen. All six shelters have confirmed that no transgender specific policies exist within their shelters, and that each transgender client is, or would be, treated on a case by case basis. Sleeping arrangements differed by each shelter: some assigned beds by gender identity while some by biologically presented features. All shelters have strict anti-discrimination and anti-harassment policies, which are rooted in the South African constitution. One shelter requested to remain anonymous and one had not submitted authorisation to use their name in time for publishing, thus the table below only names four shelters which have provided their consent to be named.

TABLE 6: SHELTERS IN CAPE TOWN

SHELTER	TRANS-GENDER CLIENTS	TRANS-GENDER POLICIES	SLEEPING ARRANGEMENTS	INCLUSION CRITERIA	CAPACITY	MAX. STAY	COUNSELLING SUPPORT SERVICES
PRIDE	Yes	No	By gender identity and expression	Experiencing a crisis, priority to LGBTI	22	21 days	No, referred out
iThemba Lam	Yes	No	Based on bed availability	LGBTI and abused women and children	4	2 months	No, referred out
Saartjie Baartman Centre	Yes	No	N/A as women only shelter	Abused women and children	22 women 35 children	4 months (plus 6-9 in second stage housing)	Yes
Wynberg Haven	No	No	Based on anatomy	Homelessness	40	figure unknown	Yes
Anon. Shelter 1	Yes	No	By gender identity and expression	Homelessness	65	6 months	No, referred out
Anon. Shelter 2	Yes	No	Unknown	Homelessness	approx. 80	figure unknown	Yes



# Analysis and Recommendations

## GOVERNMENT

**Based on previous research and the findings from the current study, it is feasible for both the city of Cape Town as well as the Western Cape Province to take the necessary steps to be able to better serve the needs of the homeless transgender population.**

This can be done through various modes of intervention, some of which are (but not limited to):

- 1 Provision of specialised services for transgender individuals either through creation of transgender specific shelters or increased funding for shelters to adapt their facilities to ensure safety of all transgender clients.
- 2 Creation of an anti-violence campaign that targets not only transgender people but all residents, staff and key stakeholders. It would also look at male (FtM and gay/bi men) survivors of abuse and violence to augment the current female focus of victim empowerment programs (which must also include transgender women).
- 3 Production of legislative framework of shelter standards, which reflect transgender needs, provide zero-tolerance directives for transphobia and establish mandatory training requirements for all shelter staff/residents.
- 4 Utilisation of community members, by fostering partnerships with NGOs who serve the transgender community as well as transgender individuals in policy drafting processes and implementing training.
- 5 Creation of a provincial task force on improving access to shelters by transgender people and safety within shelters.

These recommendations should be utilised with Yogyakarta Principles as a guide (see excerpt below). Furthermore, all the recommendation fall in line with goals and objectives outlined in

all governmental documents that were analysed, see Table 2 for more information.

Yogyakarta Principle 2 (The Rights to Equality and Non-discrimination) states that “*everyone is entitled to enjoy all human rights without discrimination on the basis of [...] gender identity*” (International Commission of Jurists, 2009, p.10) and points out that the States shall:

- c. Adopt appropriate legislative and other measures to prohibit and eliminate discrimination in the public (and private) spheres on the basis of [...]gender identity; [...]
- d. Take appropriate measures to secure adequate advancement of persons of diverse sexual orientations and gender identities as may be necessary to ensure such groups or individuals equal enjoyment or exercise of human rights. Such measures shall not be deemed to be discriminatory; [...]
- f. Take all appropriate action, including programmes of education and training, with a view to achieving the elimination of prejudicial or discriminatory attitudes or behaviours which are related to the idea of the inferiority or the superiority of any sexual orientation or gender identity or gender expression. (International Commission of Jurists, 2009, p. 11).

Yogyakarta Principle 15 (The Right to Adequate Housing) states that “*everyone has the right to adequate housing [...] without discrimination on the basis [...] gender identity*” (International Commission of Jurists, 2009, p. 20) and points out that the states shall:

- a. Take all necessary legislative, administrative and other measures to ensure security of tenure and access to affordable, habitable, accessible, culturally appropriate and safe housing, including shelters and other emergency accommodation, without discrimination on the basis of sexual orientation,

gender identity or marital or family status; [...]

- e. Provide training and awareness-raising programmes to ensure that all relevant agencies are aware of and sensitive to the needs of those facing homelessness or social disadvantage as a result of sexual orientation or gender identity. (International Commission of Jurists, 2009, p. 20-21)

## SHELTERS

### *Policy*

While organisational change often takes a lot of planning and is generally a long term process, there are various steps that can be taken to ensure the safety of transgender people and inclusivity within shelters. There are also various levels of interventions. Long term change not only requires all stakeholders to be on board with the ideals expressed in the Constitution and other governmental documents, but is heavily influenced by societal attitudes, thus enacting some of the recommendations offered here is only a beginning stage for true inclusivity and substantive equality. Policy alone cannot guarantee that the shelter is truly accessible and inclusive. It is imperative to consider transgender people as the experts. This is why this report aimed to find out about their experiences and base these recommendations upon them. Future policy and/or procedure changes should be made by utilising transgender people and the agencies that work alongside them.

In regards to the policy of accepting only women in women's shelters, no changes to this mandate need to be made. Shelters can deny services based on gender (i.e. to men) but not on gender identity (i.e. females or trans-women), as transgender women are not men.

### *Intake*

Several focus group participants have backed up the research in that the societal attitudes and those of shelter staff are often exemplified by the language used towards transgender individuals. This is particularly important to keep in mind for intake purposes as this is the first contact for a transgender person coming into the shelter, and the first step to establishing a healthy and trusting therapeutic relationship. Shelters should allow individuals to self-identify as transgender, this can be easily allowed by a small change to the intake forms. Sensitisation

training provides residents and staff on what kind of language is appropriate and respectful. It is important to stress that what seems like an innocent comment such as "Are you a boy or a girl?" (or other sexually inappropriate questions) can potentially escalate to sexual and physical harassment. Furthermore, it is important that shelters respect the confidentiality of all clients, including transgender people. 'Outing' somebody often has severe emotional and/or physical repercussions.

### *Safety and Discrimination*

Safety was identified as one of the most impromptu topics both in previous research studies as well as during the focus group for this report. While some aspects of safety can be handled in relation to policies concerning privacy, toilets/showers and sleeping arrangements (all discussed below), the fact is that safety concerns stem from societal and individual attitudes towards transgender people.

Changing long held beliefs of people is no easy task, but the following recommendations aim to provide suggestions for ensuring both anti-discriminatory and anti-trans-phobic

policies and procedures are in place. Adopting an inclusion and non-

harassment clauses are one step that shelters can take. For example, a written statement which lets people know that transgendered people are accepted at the shelter lets both the transgender individual know they are welcome and the other residents that the shelter is inclusive. Adapting the current policies in regards to harassment (which most often already include race, disabilities etc.) to include gender identity is one of the most basic steps a shelter can take to begin on the road of trans-exclusivity. It is imperative that harassment is not tolerated and that it is dealt with swiftly by management rather than referring the individual elsewhere which will only make them feel more excluded rather than supported. Full follow up is essential.

**Changing long held beliefs of people is no easy task**

### *Toilets and Showers*

One of the frequently repeated issues in terms of shelters and transgender people is privacy in showers and toilets. There are very real safety concerns when using showers and toilets in shelters. Many focus group participants report feeling uneasy about being forced to share these facilities with the opposite gender and some recounted experiences of sexual/physical

harassment. It is imperative that shelters allow transgender residents to use the facilities according to the gender they identify with. Some solutions include having a single and unmarked (in terms of gender) bathroom and shower facility which locks. If this is not feasible, it may be a good idea to install doors on toilets/shower stalls. Should this also be prevented due to technical or financial difficulties, shower curtains can also provide some of the needed privacy. Another suggestion could be installing a lock, which can be locked from both inside and outside, on the shower facilities and allowing transgender individuals to borrow the key during low use times can provide them with the privacy and security without necessarily inconveniencing other residents.

### *Sleeping Arrangements*

A very prominent issue with shelter access by transgender individuals is bed assignment, in other words placement into gendered dorms or rooms. There is only one concrete policy on the matter which can be enacted that both respects what transgender people have expressed and falls in line with the research on the topic: all residents must be placed in dorms or rooms according to their self-identified gender, regardless of gender expression (appearance) or gender on legal documentation. Further policies must be adopted within each shelter as facilities differ from each other and are able to offer different combinations of placement options. The only resounding factor is to have the safety of the individual in mind while respecting their autonomy and their wishes (i.e. the person should choose if they want to stay near night staff for safety rather than automatically be excluded in that way without consent or desire).

### *Dress Codes and Other Rules*

Shelter residents report having been forced to adhere to dress codes by dressing as their assigned sex rather than their self-determined gender identity. At times transgender people may dress differently in public rather than in the privacy of their home (in this case shelter), either due to social attitudes, fear of violence/humiliation and/or many other reasons. It is important not to judge the individual's choices and enforce a rule which may have severe psychological and possibly psychically harmful consequences, while not serving the needs of anyone. Other rules that many focus group participants found problematic were harsh penalties for alcohol and/or drug use. While

safety of all residents is paramount, there must be space made to respect autonomy of individuals and their life choices. Furthermore, preventative rather than punitive measures may be more effective and appropriate, considering the very complex relationship between members of the LGBTI community and substance use. Another rule that was brought up was one of curfew, particularly when it comes to individuals working night shifts. While a shelter may want to support its residents to leave the sex trade, respect for one's autonomy is paramount. These concerns can be addressed on an individual basis rather than adopting strict rules which aim to punish rather than rehabilitate.

### *Training*

One of the most resounding recommendations, both in previous research and this study, is the training for shelter staff and residents. Training may be one of the most effective ways to target discrimination and harassment that transgender people are faced with. Sensitisation training for staff and residents in shelters would fall in line with international human rights documents as well as goals and values of the government of South Africa. Training should ideally be provided to both staff and residents and tailored to the needs of each particular group. Fortunately, many training materials have been developed and are available online. Furthermore, some NGOs that serve transgender constituents have also developed their own training modules. See the following for developed training materials (with a focus on transgender people, trans-women and trans-men, respectively) which may be adapted to suit your particular needs:

- i. *Transitioning Our Shelters: A Guide to Making Homeless Shelters Safe for Transgender People* by Mottet and Ohle (2003) available at <http://www.nglrf.org/downloads/reports/reports/TransitioningOurShelters.pdf>
- ii. *Making Women's Shelters Accessible to Transgender Women* by Cope and Darke (1999) available at <http://www.queensu.ca/humanrights/tap/toc.htm>
- iii. *Invisible Men: FTMs and Homelessness in Toronto* by the FTM Safer Shelter Project Research Team (2008) available at [www.wellesleyinstitute.com/files/invisible-men.pdf](http://www.wellesleyinstitute.com/files/invisible-men.pdf)

### *Questions*

Previous research outlines the following questions that shelter managers and staff may

want to ask themselves when developing future policies and procedures:

- Though some trans[gender] people can be served well by [a gender specific system], we might ask whose needs are not met within this mandate?
- Might the use of this mandate for all shelters effectively marginalise some trans[gender] people even in the absence of direct discrimination?
- Does a gender specific mandate unintentionally create the need to monitor the genders and bodies of incoming residents?
- Might the presence of trans[gender] service users illuminate the existing practice of gender policing that is potentially harmful for any service user?
- If gender policing has been constructed as a task of service provision, how might these resources be better allocated?
- How might a shelter be organised if not around gender categories?
- Might the creation of a new option enhance existing services and increase space for diversity and self determination of all? (Pyne, 2011, p. 134)

Further, in terms of policy creation, the following questions have been outlined:

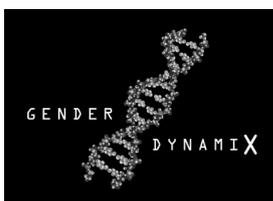
- What are the greater implications of the policy you are creating?
- Shelters are legally mandated to provide woman-only services, by what criteria will you define 'woman'?
- How does your shelter plan to verify the gender of any resident? Based on appearance, documentation, physical exams or self-disclosure?
- Will admission to the shelter be based on whether a woman has used hormones or had surgery? What are the implications for women who cannot afford SRS?
- How will you address the privacy needs of TG women & other residents?
- What are the implications of requiring one group of service-users to jump through more hoops than others?
- How intrusive does a shelter have the right to be in relation to a person's body? How intrusive do you want to be? (Cope and Darke, 1999)

More practical questions include:

- Have you reached out to the local transgender community for guidance, training, and referrals?
- Have you developed written policies covering issues of respect, confidentiality, housing placements, bathroom and shower policies, harassment, and topics for intake conversation?
- Have you made any alterations to bathrooms and showers, including installing locks or doors and putting up curtains to increase the amount of privacy in your facility?
- Have you changed your intake forms to ask "Gender:....." followed by a statement that transgender people are respected at your shelter?
- Have you put up a sign in your lobby that indicates that transgender people are welcome in your shelter?
- Have you set up a training session for all staff? For shelter residents?
- Have you integrated a training segment into the training program for all new staff?
- Have you reviewed your referral list to ensure that the agencies are welcoming and respectful to your transgender residents you refer there? (Mottet and Ohle, 2003, p. 40).

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